



# United States Air Force Academy

## APPLICATION TO HOLD EVENT AT USAFA



For USAFA use only	<b>USAFA EVENT NUMBER: AFA-</b>	<b>Event Approved</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	<b>Date</b>
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**Instructions:** Complete all blocks; if an item does not apply, use N/A. Submit form for **ANY EVENT** that will take place on Academy property. Submit requests on-line at <http://www.usafa.af.mil>, by e-mail to [usafa.events@usafa.af.mil](mailto:usafa.events@usafa.af.mil) or by fax to (719) 333-2252. Requests must be submitted **no later than 90 days before date of event**. You will be contacted with an event number indicating whether your event was approved. Do not obligate funds for this event until you receive approval. Due to contract limitations, changes in security or conflicts with other scheduled activities, not all events and/or event support can be approved. If you have any questions, please contact HQ USAFA/XPP at (719) 333-3451/8829.

### Event Information

TITLE OF EVENT			
TYPE OF EVENT (SPORTING EVENT, CADET ACTIVITY, PRIVATE FUNCTION, SCHOOL EVENT, BOY/GIRL SCOUT EVENT, NON-PROFIT ACTIVITY, ETC.)			
DATE(S) OF EVENT	TIME(S)	USAFA FACILITIES REQUESTED (YOU MUST COORDINATE WITH FACILITY MANAGER TO RESERVE)	DATE OF REQUEST
TOTAL NUMBER OF EXPECTED ATTENDEES		NON-DOD (EXPLAIN )	DOD
WHY SHOULD USAFA SUPPORT THIS EVENT?			
HAVE WE SUPPORTED THIS EVENT IN THE PAST, AND IF SO WHEN (DATE/LOCATION)?			

### Requester Information

LAST NAME		FIRST NAME		NAME OF ORGANIZATION	
STREET ADDRESS		CITY		STATE	ZIP
PHONE NO. ( )	FAX NO. ( )	E-MAIL ADDRESS (REQUIRED)			

### USAFA Sponsor Information

POC LAST NAME		FIRST NAME		RANK	ORGANIZATION
PHONE NO. ( )	FAX NO. ( )	E-MAIL ADDRESS			

### USAFA Senior Staff Involvement Required for this Event

	YES	NO	Explain:
HQ USAFA/CC (Superintendent)	<input type="checkbox"/>	<input type="checkbox"/>	
HQ USAFA/CV (Vice Supt)	<input type="checkbox"/>	<input type="checkbox"/>	
34 TRW/CC (Commandant)	<input type="checkbox"/>	<input type="checkbox"/>	
HQ USAFA/DF (Dean of Faculty)	<input type="checkbox"/>	<input type="checkbox"/>	
HQ USAFA/AH (Athletic Director)	<input type="checkbox"/>	<input type="checkbox"/>	
10 ABW/CC (Base Commander)	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

### Distinguished Guests Attending

(such as company CEO, high-level government or military officials, celebrities, etc.)

Name	Title
Name	Title
Name	Title
Name	Title

### Support Required for your Event

Check the box for support you will need for your event. Indicate whether you are requesting USAFA provide the support (if not marked, we assume you are providing all the support you require). **This form is completed for event approval information only.** For military-sponsored events, all support must be coordinated with the appropriate offices and requested using the required request forms (such as DD Form 833 or USAFA Form 79 for audiovisual or public address support). For non-USAFA sponsored events, support requested from USAFA, if available, must be requested from the appropriate agency using the required forms (your USAFA sponsor can help you complete the forms). Transportation, civil engineering and communications support are generally not available for non-military events held at the Academy. **Due to funding/contract restrictions for the USAF Academy, some or all support costs associated with the requested event may be the responsibility of requesting organization for funding/reimbursement. Cost estimates will be provided upon event approval to the requesting organization for event support.**

Transportation	YES	USAFA	Security Support	YES	USAFA	Civil Engineering Support	YES	USAFA
Bus (qty )	<input type="checkbox"/>	<input type="checkbox"/>	Entrance screening	<input type="checkbox"/>	<input type="checkbox"/>	Porta-potties (qty )	<input type="checkbox"/>	<input type="checkbox"/>
Surrey (qty )	<input type="checkbox"/>	<input type="checkbox"/>	EAL for non-DOD	<input type="checkbox"/>	<input type="checkbox"/>	Power	<input type="checkbox"/>	<input type="checkbox"/>
Van (qty )	<input type="checkbox"/>	<input type="checkbox"/>	Visitor cordon hrs extended (hrs requested )	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler deconflict (where )	<input type="checkbox"/>	<input type="checkbox"/>
Sedan (qty )	<input type="checkbox"/>	<input type="checkbox"/>	Escorts	<input type="checkbox"/>	<input type="checkbox"/>	Signs (specify )	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Communications Support	YES	USAFA	Lodging Support	YES	USAFA	Other Support (specify)	YES	USAFA
Photographer	<input type="checkbox"/>	<input type="checkbox"/>	Dormitory rooms (qty )	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Public address	<input type="checkbox"/>	<input type="checkbox"/>	Barracks rooms (qty )	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Videography	<input type="checkbox"/>	<input type="checkbox"/>	Lodging Facility (qty )	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
AV presentation	<input type="checkbox"/>	<input type="checkbox"/>	DV Suites (qty )	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
LMR/Cell Phones	<input type="checkbox"/>	<input type="checkbox"/>	VQ (qty )	<input type="checkbox"/>	<input type="checkbox"/>			
Data/phone drops	<input type="checkbox"/>	<input type="checkbox"/>	TLF (1, 2 or 3 BR) (qty )	<input type="checkbox"/>	<input type="checkbox"/>			
Other			<b>Provide details for any requested support below</b>					

Comments/Support Required (Continued)

Security Plan

Please indicate which gate your guests will enter, how they are getting on base, where they will park, who is managing the parking, who is handling traffic flow, etc. Please be specific.

Safety Plan

Your safety plan should include issues such as EMTs, AMR, fire department requirements, water stations, roads coned off, etc.

Event Agenda/Sequence of Events

Specify your schedule of activities, including a detailed timeline for when events begin and end.

Funding Requirements

Indicate the sources of funding (e.g., O&M, ORF, SM&W, AFAAA, MWRF, Gift Funds) and whether your organization has budgeted for these funds. Have they been approved by the funding approval authority? How will arrangements for payment be handled (e.g.,by Form 9, Government Purchase Card)? Will the event involve any unique funding issues (e.g., Invitational Orders, honorariums, fees for speakers)?